

HIPAA QUESTIONNAIRE

Fill and upload the HIPAA Questionnaire (Please click [here](#)). Review the list and select the identifiers (as defined by HIPAA) that will be needed for the research. Justify the use of identifiers in reference to the research questions and objectives of the protocol and justify any other use of the identifiers.

[\[Press double click on the box to mark the options.\]](#)

IDENTIFIERS	JUSTIFY
<input type="checkbox"/> Name	
<input type="checkbox"/> All geographic subdivisions smaller than a State, including street address, city, country, precinct, zip code, and their equivalent geocodes	
<input type="checkbox"/> All elements of dates (except year)	
<input type="checkbox"/> Telephone number	
<input type="checkbox"/> Fax number	
<input type="checkbox"/> Electronic mail addresses	
<input type="checkbox"/> Social Security Number	
<input type="checkbox"/> Medical record number	
<input type="checkbox"/> Health plan beneficiary numbers	
<input type="checkbox"/> Account numbers	
<input type="checkbox"/> Certificate/license number	
<input type="checkbox"/> Vehicle identifiers and serial numbers, including license plate numbers	
<input type="checkbox"/> Device identifiers and serial number	
<input type="checkbox"/> Web Universal Resource Locators (URLs)	
<input type="checkbox"/> Internet Protocol (IP) address numbers	
<input type="checkbox"/> Biometric identifiers, including finger and voice prints	
<input type="checkbox"/> Full face photographic images and any comparable images	
<input type="checkbox"/> Any other unique identifying number, characteristic, or code, except as permitted	
<input type="checkbox"/> None of the above will be used	